

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	C
1									51		
2									52		
3									53		
4									54		
5									55		
6									56		
7									57		
8									58		
9									59		
10			X						60		
11									61		
12									62		
13									63		
14									64		
15									65		
16									66		
17									67		
18									68		
19									69		
20									70		
21									71		
22									72		
23									73		
24									74		
25									75		
26									76		
27									77		
28		I							78		
29		I							79		
30		I							80		
31		I							81		
32		I							82		
33		I							83		
34		I							84		
35									85		
36									86		
37									87		
38									88		
39									89		
40									90		
41									91		
42									92		
43									93		
44									94		
45									95		
46									96		
47									97		
48									98		
49									99		
50									100		
TOTAL IND.									TOTAL IND.		
TOTAL DEP.	?								TOTAL DEP.		
TOTAL CLAIMS	8								TOTAL CLAIMS		